

Phone No: 02762-220080-81 Fax No: 02762-223574 Website: www.ugvcl.com e-mail: sp@ugvcl.com

## **VENDOR REGISTRATION APPLICATION FORM:**

1	Dotoile	of Einm
1.	Details	от сплп

A	Name of the firm	
В	Year of Establishment.	
С	The date of commence	nent of
	commercial production.	
D	PAN / TAN No. (Attach	ertified
	сору).	
2.	Address of the feeters (	andra france such and meatanial suill be assembled
		orks from where material will be supplied
A	Full Address:	
В	Telephone No.	
ь	relephone No.	
С	Fax No.	
D	e - mail ID.	
3.	Address of the registere	office.
	Full Address:	
A		
В	Telephone No.	
С	Fax No.	
D	e - mail ID.	
	<u>1</u>	
4	Whether Proprietary or P	
	Public Ltd.(Copy of Incom	-
	in case of Proprietary Firr case of Partnership Firm a	-
	Article of Association in ca	
		1 77



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5		ne of the Proprietor / Partners / Directors.		
6	List	of items / materials to be registered for su	supply	
	with	n rating / description. The relevant IS nu	umber	
	shal	ll be mentioned.		
6B	Deta	ails of registration non refundable fee	ees of Rs vide D.D. No	
	date	edissuing Bank		
7	Whether the factory is owned by the firm (documentary evidence of ownership must be produced). In case firm does not own factory but utilize the facility for manufacturing / fabrication of equipments / stores for which firm has applied on live & license or other basis, the Firm should furnish valid legal agreement that factory of (here indicate the name of the firm whose factory is being utilized) has been put at the firms disposal for the equipments / stores for which the firms have applied.		ust be bry but ation of lied on should f (here tory is isposal e firms	•
8	Name and Full Address of the Bankers and Account No. along with details of credit facilities			ies
	A	Total investment excluding Loan Capital (Pl. attach Certified true copy of the last 3 year balance sheets)  Total turnover for last three years.		
	С	Copies of Income Tax Return for last 3 years.		





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9	Loan Capital with Bank Limit.	
10	Copy of latest Income Tax Clearance	
	certificate.	
11	Product Manufactured with complete	
	description.	
12	Area of land occupied by the factory.	
13	Built up area of the factory.	
14	No. of Working shifts in the factory.	
15	Factory License No. (Notarized copy)	
16	Small Scale Industries / NSIC Certificate	
	No.(Notarized copy)	
17	Value of Plant and Machinery certified by	
	SSI in case of SSI units, alongwith the date	
	of assessment of said value.	
18	If registered under the Companies' Act or	
10	any other Act, give registration No. and	
	date of Registration etc. along with copy of	
	registration certificate.	
	registration certificate.	
19	Whether the product manufactured carry	
	ISI mark(Pl .specify YES/NO)	



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20	Whether registered with other Power						
	Utilities DGS&D, Other Govt. and Semi-						
	Govt Deptt. and validity thereof. (attach a						
	copy s	uch registration certifica	ite)				
21		s of machinery installed v	with their				
	capaci	ties.					
22		s of testing equipment w					
	capaci	ties and details of Calibra	ation.				
23		alified personnel workir	1	ry/ Office, th			nce.
	Sr.	Designation	Name		Qualification	Experience	
	No.						
	1	Managerial					
	2	Production/Work					
		Staff					
	3	Quality Control Staff					
	B. Oth	er Personnel working in	the factory ar	nd their expe	rience.	·	_
	a) Skilled						
	b)	Unskilled					
	c)	Other.					





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24	a) Is testing record maintained and if so, since when			
	b) Type tests as per Standards (This is must for			
	registration)			
25	Method adopted for Quality Control			
26	Is the person in charge for Quality control independent of			
	production control?			
27	Distinguished marks or method employed to identify,			
	materials, if any.			
28	Source of supply of Raw materials (with address)			
29	a) Production Capacity per annum (quantity)			
	b) Maximum production per annum (in qty. as well as			
	value) achieved so far.			
30	a) Details of order executed indicating quantity, value for each item / materials to be registered for			
	supply, self certified statement to be attached			
	Purchaser's Name			
	order no. and date			
	quantity supplied till actual			
	completion Date			
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	b) Please confirm whether your firm is under stop	
	deal/blacklisted by any power utility or offices, Submit	
	details. This is must (Affidavit by director required)	
31	Estimate of stocks of raw material held and the estimated	
	Production on single shift basis from the stock so available.	
32	Result of sample testing.	
34	Result of Sample testing.	
33	List of items holding ISO 9001 Certificate.	
34	Remarks	

**Round Seal of Firm** 

Signature of the authorized person/Representative of the firm with designation

Date:

Place:

**Round Seal of Firm** 

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Signature of the authorized person